

CROWN Memorandum



Memo Number: 02-0005-GN

TO: ESRD Executive Directors, ESRD Data Managers, Regional Office Project Officers,
CMS CO Staff

FROM: Matthew Leipold, Director, Division of ESRD Systems and Contract Management,
Information Systems Group, OCSQ

DATE: August 7, 2002

SUBJECT: July 2002 Census

CMS has just completed the processing of the July 2002 Census.

The results are astoundingly good. It is clear to everyone that the quality of data in the CROWN systems has been greatly enhanced in recent months, and this is because of the work of many dedicated network and CMS staff. Thank you all for this effort.

Some particularly encouraging successes:

- Overall Matching between REBUS and REMIS increased from 97.8% in April to 98.9% in July.
- The number of patients in category “F” (Processing Failed, identifiers match a different patient) dropped from 7,627 in April to 1,847 in July. A whopping 75% improvement!
- The combined patients in category “Y” and “S” (Patient has multiple UPI’s) dropped from 7,368 in April to 2,225 in July. A 69% improvement!
- The number of patients in category “Z” (Processing failed, Multiple REBUS master records found) dropped from 3,658 in April to 1,496 in July. A 59% improvement.
- The number of patients in category “E” (Processing failed, Medicare beneficiary cannot be located in REBUS) dropped from 12,284 in April to 8,293 in July. A 33% improvement.
- The number of patients in category “J” (Record rejected. Death date contradicted) dropped from 4,795 in April to 2,823 in July. A 41% improvement.
- The number of patients in category “X” (REBUS patient still has no UPI) dropped from 55,466 in April to 34,143 in July. A 38% improvement.

These achievements represent a truly dedicated effort to support the ESRD beneficiary. Thank you again.

Attached you will find directions for processing the July "Focused" Census. Taking advantage of SIMS software that was developed for the REMIS interface, we have sent all records from category "K" (Record rejected, setting contradicts REBUS), category "C" (Record matched after correction), and category "J" (Record rejected, death date contradicted) to the SIMS staff. These records have been loaded into each network's notification table, and they will be available for automated processing with the next SIMS Interim release. These records represent a backlog of several months as well as current notifications. Accordingly, the number of cases to be resolved by each network (using the SIMS tool) ranges from 3,900 to about 36,000 with an average of 20,000 notifications.

The remainder of the workload will require manual investigation. It falls into 4 categories: "E" (Processing failed, Medicare beneficiary cannot be located in REBUS), "F" (Processing failed, Identifiers match a different patient) and "S" (REBUS Patient has multiple SIMS UPI from same network net), and "X" (REBUS patient still has no SIMS UPI). The number of cases to be manually worked by each network ranges from 50 to about 275, with an average of 160.

What CMS asks the network staff to do:

Network staffs are directed to stop work on all previous census results, and concentrate effort in these four categories identified for manual review. In order to bring REMIS up with the most accurate data, we need the Networks to complete their work on this special "Focused" Census file by September 22, 2002. Detailed instructions are found in the attached document.

Network staff is further directed to clear the backlog of notifications, using the SIMS tool, by February 15, 2003.

Newly generated notifications should be processed within 30 days of receipt from REBUS/REMIS. CMS is particularly concerned that each notification receive appropriate attention by network staff, and we intend to monitor the use of the SIMS tool. In particular, we will look for abnormalities in the number of notifications that are rejected by the network.

What SIMS staff is doing to help:

SIMS staff will receive all of the "Category Y" records (REBUS Patient has multiple SIMS UPI from different networks), and work with the involved networks to resolve the current UPI of the patient. SIMS staff will load notifications and accretions to the new SIMS tables as they are received from REBUS/REMIS. CMS anticipates that new accretions and notifications will be added at least once per week.

What CMS staff is doing to help:

While the networks work on resolving the conflicts found in categories "E", "F", "X" and "S", CMS staff will continue their extensive online review of census records which do not match REBUS, i.e., Category "E" ("Medicare Bene Not Found") and those in Category "X" ("REBUS Patient still has no UPI"). CMS has developed several online routines for the review of "similar" records, so that CMS analysts may review and try to match records from these two categories. When matches are found, CMS will advise the appropriate network staff.

CMS now loads H-2728's and H-2746 records from the SIMS central repository on a near-daily basis. Later this month, CMS will begin processing patient event changes on the same near-daily basis. This means that SIMS events will appear as REBUS Status records within a few days after their creation in SIMS. It also means that there should never be a need to generate a national census again.

Thank you for your efforts,

Matthew J. Leipold
Director

[Attachment](#)